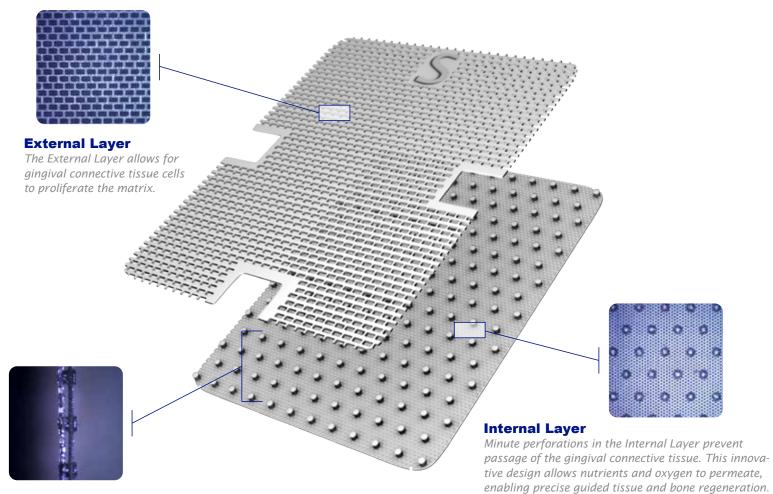


bioresorbable matrix barrier



The GUIDOR® Bioresorbable Matrix Barrier was the first bioresorbable, synthetic membrane introduced to the U.S. market, and has been successfully used in thousands of Guided Bone Regeneration (GBR) and Guided Tissue Regeneration (GTR) cases. What makes it unique? GUIDOR® Matrix uses a multi-layer matrix design that stabilizes the wound site, aids in the early integration with gingival connective tissues and effectively impedes epithelial downgrowth. With this multi-layer construction and easy handling characteristics, the GUIDOR Matrix Barrier is a versatile tool that gives clinicians confidence in its predictable performance and ease of use.



Inner Space

The spacers maintain the inner space between the External and Internal Layers which allow the gingival connective tissue to integrate into the matrix and create the best conditions for regeneration.



Easy Handling

The GUIDOR Matrix Barrier offers a combination of control, handling and predictability:

- Can be cut and shaped to precisely cover the defect site
- **b** Becomes malleable within seconds at body temperature, making it easy to handle and control
- Available in multiple sizes and shapes, with and without ligatures
- Can be used with GUIDOR[®] easy-graft or your choice of bone grafting material

Predictable Resorption¹

GUIDOR Matrix Barrier is designed to **maintain a barrier function for a minimum of 6 weeks**, during which time the design and the mass of the matrix are both maintained. Afterwards, the product resorbs within a predictable span of time and is gradually replaced by surrounding tissue.





Indications for Use

Refer to Instructions for Use prior to handling GUIDOR® Bioresorbable Matrix Barrier. The indications of the GUIDOR Matrix Barrier are dependent on the configuration used.

GBR Indications: To aid in bone regeneration and augmentation in oral surgery for extraction socket site preservation, immediate implant placement at time of extraction or delayed placement when additional bone regeneration is desired, ridge augmentation, sinus elevation, and stable barrier for the containment of bone grafting materials.

GTR Indications: For the surgical treatment of periodontal defects, to aid in the regeneration and integration of periodontal tissue components. GTR configurations can also be used as an adjunct in periodontal surgical treatment to supplement the reparative process following scaling and root planing for: Class II furcations, intrabony defects, and recession type defects.

Usage Considerations

Precautions: The GUIDOR Matrix Barrier is not intended for use in defects other than those stated under Indications for Use. The GUIDOR Matrix Barrier has not been clinically tested for extensive bone augmentation; for use in the treatment of failing implants; in patients with any systemic disorder or disease that involves an unacceptable increase in post operative risk for complications; and in pediatric patients, pregnant or nursing women.

GBR Adverse Reactions: Possible complications following any oral surgery include thermal sensitivity, flap sloughing, some loss of crestal bone height, abscess formation, infection, pain, swelling, and complications associated with the use of anesthesia. As with any type of surgical therapy, the patient may experience discomfort for a few days.

GTR Adverse Reactions: Possible complications following any oral surgery include thermal sensitivity, gingival recession, flap sloughing, resorption or ankylosis of the treated root, some loss of crestal bone height, abscess formation, infection, pain, swelling, gingival irregularities, and complications associated with the use of anesthesia. As with any type of surgical therapy, the patient may experience minor discomfort for a few days.

Configurations - Guided Bone Regeneration (GBR)	
P6 - Matrix Barrier 20 mm x 28 mm	Part No. 5081
P3 - Matrix Barrier 15 mm x 20 mm	Part No. 5090

1. Lundgren D, Mathisen T, Gottlow J. The development of a bioresorbable barrier for guided tissue regeneration. J Swed Dent Assoc 1994; 86: 741-756

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